06625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wall Ville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wall Ville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) James (Middle) B. (Last) Butler
4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1949
5. SEX M.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Feb, 22, 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander Butler
14. MOTHER'S MAIDEN NAME Rebecca Brown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah Jenkins, St. Leonards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute coronary thrombosis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension c.v.d.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 19....., to July 1, 1945 that I last saw the deceased alive on June 25, 1945, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ed Williams Jr. ADDRESS St Leonard, Md DATE SIGNED 7/1/45

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-4-49
NAME OF CEMETERY OR CREMATORY Brooks Chapel
LOCATION (City, town, or county) Calvert, (State) md

DATE REC'D BY LOCAL REG. 7-2-49
REGISTRAR'S SIGNATURE Dr. Wm. J. French (Per M.P.) H. Clare Briscoe g.
24. FUNERAL DIRECTOR P.E. Sewell. ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

06626

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co., Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HARDA (Middle) M. (Last) GREENFIELD

4. DATE OF DEATH (Month) July (Day) 21, (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Jan.? 1883

9. AGE last birthday 66 yrs. If under 1 year Months 6 Days ? If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M. Olsen

14. MOTHER'S MAIDEN NAME Marie Eliza Hance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT Benjamin Greenfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder (1935) — INTERVAL BETWEEN ONSET AND DEATH 14 years

181 Antecedent cause(s)

52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1949, to 7/21, 1949, that I last saw the deceased alive on 7/21, 1949, and that death occurred at Prince Frederick m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS DATE SIGNED 7/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE July 24, 1949

NAME OF CEMETERY OR ~~CREMATORY~~ Solomons M.E.

LOCATION (City, town, or county) Solomons (State) Md

DATE REC'D BY LOCAL REG. 7/23/49

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 27 1949
BUREAU V. S.

06627

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Milton Francis (Middle) Francis Walton (Last) Gross

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1949

5. SEX M.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-8-48
9. AGE last birthday yrs. If under 1 year: Months 6 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lee Gross
14. MOTHER'S MAIDEN NAME Florence Willett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Florence Willett Adelina Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

752 Immediate cause (a) Hydrocephalus –

Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Meningocele –

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on June 30, 1949, and that death occurred at 5 30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rdr Villarreal
ADDRESS S Lemont,
DATE SIGNED July 2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-3-49
NAME OF CEMETERY OR CREMATORY Carroll's
LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 7-3-49
REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P.E. Sewell Prince Frederick, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06628

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ESTELLE (Middle) M (Last) HALL

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Nov. 10, 1874
9. AGE last birthday 74 yrs. If under 1 year Months 8 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hosey Bowen
14. MOTHER'S MAIDEN NAME ? Hatchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Lester Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 19....., to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 11.9 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS S Thomas, Md DATE SIGNED 8/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 1, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Asbury Cemetery
LOCATION (City, town, or county) Barstow, (State) Md.

DATE REC'D BY LOCAL REG. 8/1/49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son, ADDRESS Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06629

Reg. Diat. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: Huntingtown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Huntingtown (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: JAMES PIDUS KING

3.(b) Social Security Number

4. Sex: Male
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Maud Helen King
6.(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): December 4, 1880
8. AGE: Years: 68 Months: 7 Days: 20 If less than one day: hrs. min.
9. Birthplace: Wilburn Calvert Co Md (Town, county, and state)
10. Usual occupation: Farming Farming
11. Industry or business:
FATHER 12. Name: Walter King
13. Birthplace: Wilburn Maryland
MOTHER 14. Maiden name: Sarah Elizabeth Lyons
15. Birthplace: Sunderland Md.
16. Informant: Wife Mrs Helen King
Address: Huntingtown
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1949 (month) (day) (year)
Cemetery or crematory: Mirandal
Location: Huntingtown md
18. Funeral director: Wm H. Hutchins
Address: Owings md
19. July 26 1949 (Date rec'd by registrar) Grace L Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1949, at 5 30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1945, to July 1949 and that last saw him alive on July 23 1949

Immediate cause of death	DURATION
Carcinoma of Rectum	
Due to	
Due to 154	
Other conditions 46d	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Prince Frederick Date signed 7-25-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1949
BUREAU V. S.

06630

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Republic — LENGTH OF STAY (In this place): 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: 1414 Buchanan St — COUNTY: N W Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wash DC
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) Mathy (Last) ~~Mathy~~
4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Apr 5 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Curtalin
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: —
17. INFORMANT: Mrs A M Clough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4222 Immediate cause (a) Cardiac dilatation — 2 hrs

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed — W

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) Port Republic (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 7/4/49 620 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H W Ward (Degree or title) — ADDRESS: Owing Md — DATE SIGNED: 7/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: — NAME OF CEMETERY OR CREMATORY: Glenwood DC — LOCATION (City, town, or county) (State): Wash DC

DATE REC'D BY LOCAL REG.: 7/4/49 — REGISTRAR'S SIGNATURE: H W Ward
24. FUNERAL DIRECTOR: Rob Hackney — ADDRESS: Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 6 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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T

MARYLAND STATE DEPARTMENT OF HEALTH

06631

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) Benj (Last) McKenzie
4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 1949 23
9. AGE last birthday 1906 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) P.J. Co Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm H McKenzie
14. MOTHER'S MAIDEN NAME Cora M. Windsor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO. ?
17. INFORMANT Herbert A. McKenzie

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8508 Immediate cause (a) Drown —

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drunk 4 hrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell over board

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) Patuxent Riv (CITY OR TOWN) Holland Pt (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 9 (Year) 49 (Hour) 1A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell over board

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H W Ward (Degree or title) Dr Wey ADDRESS Md DATE SIGNED 7/8/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 11, 1949 NAME OF CEMETERY OR CREMATORY Christ Church Cem. LOCATION (City, town, or county) Port Republic (State) Md

DATE REC'D BY LOCAL REG. 7/9/49 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

RECEIVED
JUL 12 1949
BUREAU V. S.

Evidence for addtion of #22 shown on:
FILM No. G 121 AUG 29 1949

06632

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Cal Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cal Co Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Herman~~ James (Middle) Herman (Last) Parran
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12/2/28
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Huntingtown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sterling Parran
14. MOTHER'S MAIDEN NAME Ida Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-28-4612
17. INFORMANT Bernice Jefferson Huntingtown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
981 Immediate cause	(a) Gunshot wound in heart	
166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Low mill in (CITY OR TOWN) Huntingtown (COUNTY) Cal (STATE) Md
TIME OF INJURY (Month) July (Day) 4 (Year) 1949 (Hour) 7:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE G Weems (Degree or title) M.D. [8/29/49 ahc] ADDRESS Huntingtown Md DATE SIGNED 7/4/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 7-6-49
NAME OF CEMETERY OR CREMATORY Patuxent
LOCATION (City, town, or county) Calvert (State) Md
DATE REC'D BY LOCAL REG. 7-6-49
REGISTRAR'S SIGNATURE H. U. Ward
24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1949
BUREAU V. S.

06633

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appeal
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appeal
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) (Last) Taylor

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 3-12-1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lusby, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Jefferson
14. MOTHER'S MAIDEN NAME Hester Toney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bertha Jefferson, Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Carcinoma of Breast

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: Between 2 and 3 years.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) Appeal, Calvert, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from....., 1947, to....., 19....., that I last saw the deceased alive on 7-25, 1949 and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE Page Dett (Degree or title) M.D. ADDRESS Prince Frederick DATE SIGNED 8.2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-2-49
NAME OF CEMETERY OR CREMATORY St John's
LOCATION (City, town, or county) Lusby, (State) Md

DATE REC'D BY LOCAL REG. 8-2-49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P.E. Sewell, Prince Frederick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06634

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH· COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) D.	(Last) WEBSTER	4. DATE OF DEATH	(Month) July	(Day) 1	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Aug. 23, 1873	9. AGE last birthday 75 yrs.	If under 1 year Months 10	Days 8	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Somerset County, Md			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel J. Webster			14. MOTHER'S MAIDEN NAME Julia ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 218-12-4183	17. INFORMANT Mrs Jannie V. Webster (wife)				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung —

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on June 30, 1949, and that death occurred at 5 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Villarreal		S. Hemsed, Md	7/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE July 4, 1949	NAME OF CEMETERY ~~OR CREMATORY~~ Solomons M.E.	LOCATION (City, town, or county) (State) Solomons, Md.
DATE REC'D BY LOCAL REG. July 4 1949	REGISTRAR'S SIGNATURE H. Clay Brown	24. FUNERAL DIRECTOR A. A. Harkness & Son	ADDRESS Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.